Form \$453 (2000)

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	b	Nyou are married films			j bosse checi	ked ▶ 21a		
	-	deductions, see page 33 and c	my mic your sp. hank here	Outer Management				
	22	Enter the elevational de about				▶ 216	7	
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		as a dependent.	a or 5 to OL 180	meone can clair	nyou			
		Single-\$4,400 Married						
		• Head of household-\$6,450	mng jointly or C	uellying widow	(er)- \$7,350			
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		Subtract fine 22 from fine 20. If it				W	22	4,40
	25	Multiply \$2,800 by the total number of the 20 of	er of exempto	13 clasmed on Sn	e 5.0		23	31,20
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credits,	27	Credit for child and dependent ca	ife avnencec				25	4,54
and		Attach Schedule 2.						
payments		Credit for the elderly or the disable	ari Attanta		27			
, , , , , , , , ,	5	Schedule 3.	o rutacii					
		ducation credits. Attach Form 88			28			
	30 C	Child tax credit (see page 37)	D.J.		29	180.		
	31 A	doption credit. Attach Form 8839			30			
	32 A	dd lines 37 than and 64 7		4,4	31.			
•	33 S.	dd lines 27 through 31. These are	your total crad	its.				
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Form Sollware (2000) FD1040A-2V1.18

AG.

8 Page 5 of 28

HRB
Dectaration Control Number (DCN)

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DO NOT MAIL THIS FORM TO FTB

ANA B JARAMI		Lastname	Your social security numb
If joint return, also give spo	ouse's name and initial	Lastname	590-05-4184
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Step 12	67 Interest late return penalties, and late payment penalties.	67
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^a enalties	TOTAL AMOUNT OUT, COS INSTRUCTIONS	
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Step 13	Do not attach a voided check or a deposit slip.	• 70 4
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DO NOT MAIL THIS FORM TO FTB

ANA B JARAMILLO If joint return, spouse's first name and initial Present home address - number and street, PO Box, or rural route 19250 CAYENNE DR City, town or post office, state, and ZIP Code MORGAN HILL CA 95037 - Part I Tax Return Information (whole dollars only Refund. (Form 540, line 65; Form 540A, line 39; Form 540A, line 24; Long Form 540NR, line 74; or Short Form 540NR, line 74)	cial security numb shone number
Your first name and initial ANA B JARAMILLO If joint return, spouse's first name and initial Last name Spouse's social standard present home address - number and street, PO Box, or rural route 19250 CAYENNE DR City, town or post office, state, and ZIP Code MORGAN HILL CA 95037 - Part I Tax Return Information (whole dollars only Refund, (Form \$40, line \$5; Form \$40A, line 39; Form \$40 26Z, line 24; Long Form \$40NR, line 74; or Short Form \$40NR, line 74)	security number -4184 cial security numb shone number 9-9022
ANA B JARAMILLO If joint return, spouse's first name and initial Last name Spouse's social present home address - number and street, PO Box, or rural route 19250 CAYENNE DR City, town or post office, state, and ZIP Code MORGAN HILL CA 95037 - Part I Tax Return Information (whole dollars only 1 Refund, (Form \$40, line 65; Form \$40A, line 39; Form \$40 26Z, line 24; Long Form \$40NR, line 74; or Short Form \$40NR, line 74)	-4184 cial security number 0-9022
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2 Amount you owe (Form 540, line 89; Form 540A, line 40 plus line 41; Form 540 2EZ, line 25; Long Form 540NR, line 78; or Short Form 540NR, line 75) Part II Settle Your Account Electronically 3 Direct Deposit of Refund 4 Electronic Funds Withdrawal 4a Amount 4b Withdrawal Date (MM/DD/YYYY) Part III Make Estimated Tax Payments for Taxable Year 2004 First Payment Due 4/15/04 Second Payment Due 6/15/04 Third Payment Due 9/15/04 Fourth P 5 Amount 6 Withdrawal date Part IV Banking Information (Caution: Have you verified your banking information? Incorrect information causes delays, which may cause penalting the Account number 9 Type of account: Checking Savings Part V Declaration of Taxpayer(s)	'syment Due 1/18/05
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For Privacy Act Notice, get form FTB 1131 It is unlawful to forge a spouse's signature.	
Part VI Oeclaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge, (if I am of service Provider, Lunderstand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data of bits into the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; thave provided the taxpayer with a copy of all forms and information that FTB, and I have followed all other requirements described in FTB Pub. 1345, 2003 e-file Handbook for Authorized e-file Providers and in FTB Pub. 1345, and the return of the FTB upon request, if I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return convolutions. And I have examined the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of wholesting.	on the return,) have stion that I will file ISA, 2003 e-file is later, and I will
RO signature 03/03/2004 also paid of if self-employed D POC	ssn/PTIN 0152277
ust Firm's name (dr yours GRUPO/ CANAS FEIN 68-048622	0
Ign if self- employed) 610. THIRD ST STE 4-A ZIP Code	
and address SAN RAFAEL CA 94901-	
der penalties of perjury. I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowled	
	ige and belief, they
Paid Date Check Paid preparer's S	
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Form 1040 (2003)		<u>-05-418</u>	
T	35 Amount from line 34 (adjusted gross income)	35	9,05.
Tax and Credits	36a Check You were born before Jenuery 2, 1939 Blind. Total boxes		
	if: Spouse was born before January 2, 1939 Blind. checked ▶ 36a		
itandard ✓Deduction	b if you are married filing separately and your spouse itemizes deductions, or		
for -	you were a dual- status alien, see instructions and check here ▶ 36b		
- People who	37 Itemized deductions (from Schedule A) or your standard deduction (see left margin		7,000
on line 36a or 36b	38 Subtract line 37 from line 35	38	2,053
or who can b	39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed	on 👢	
endent, see instr.	line 6d. If line 35 is over \$104,625, see instructions.	39	6,100
- All others:	40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter - 0		, 0
Single, or Married	41 Tax (see instr.). Check if any tax is from: a Form(s) 8814 b Form 4972		
filing separately,	42 Alternative minimum tax (see instructions). Attach Form 625		
\$4,750	43 Add lines 41 and 42		
Married filing	44 Foreign tax credit. Attach Form 1116 if required		
jointly or Qualifying			
widow(er), \$9,500			
1	46 Credit for the elderly or the disabled. Attach Schedule R 46	- Tible 1	
Head of household. \$7,000	47 Education credits. Attach Form 8863	26,00	
	48 Retirement savings contributions credit. Attach Form 8880 48		
	49 Child tax credit (see instructions)		
	50 Adoption credit. Attach Form 8839		•
	51 Credits from: a Form 8396 b Form 8859 51		
	52 Other credits. Check applicable box(es):a Form 3800		
	b Form 8801 c Specify 52		
	53 Add lines 44 through 52. These are yourtotal credits	53	
	54 Subtract line 53 from line 43. If line 53 is more than line 43, enter - 0-	▶ 54	
	55 Self- employed tax. Attach Schedule SE	55	698.
ther	56 Social security and Medicare tax on tip income not reported to employer. Attach Form 41:		
	41. Attach Form 41.	37. 56	
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1040	U.S. Individual Income Tax Return	2003 (99)		e Only- Do not write or stap	e in this		
Label L See in-	For the year Jan. 1- Dec. 31, 2003, or other tax year begi	unkuğ	,2003, en	ding .20			IB No. 1545-0074 ocial security numbe
ructions)	Ana B Jaramillo				- 1		90-05-4184
Use the				•	-		e's soc. sec. number
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please print	19250 Cayenne Dr				- {	À	Important!
	Morgan Hill CA 95037-					A y	You must ente our SSN(s) above.
Presidential Election Cam	paign Note. Checking "Yes" will not change				_	_ Yo	, C.,
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Filing Statu Check only	3 Married filing separately. Enter s	•	1	enter this child's name here	- · · · · · · ·	VIII D.	
one box.	and full name here.	pouss s con apove	5	¬ ' '	with d	enende	nt child (see instruction
One ook.	6a X Yourself. If your parent (or so	meone else) can cla	aim you				No. of boxes
Exemptions			•				checked on 6a and 6b 1
	b Spouse			····			No. of children
c Depend	dents:	(2) Dependent	t's	(3) Dependent's relationship to	(4)	if qual- child the	on 6c who: *lived with you1
(1) Firs		social security no		you	1 or cl	ilid tax	did not live with
	er Biocini	603-74-	6985	Son	112	<u> </u>	you due to divorce or separation
than live ———		 			+-}-		(see instr.)
depen- cents		 			┼┼		Dependents on 6c not entered
see instr.		 			╁┼		Add C
d Total nu	mber of exemptions claimed	1				- J	numbers on lines above > 2
u Total Ho	7 Wages, salaries, tips, etc. Attach Form	(s) W-2			1	····	mies above P _ Z
	, , ,				-	7	2,811.
Income	8a Taxable interest. Attach Schedule Bit	require:				Ba	
.tach	b Tax-exempt interest. Do not include o	n line 8	8b	<u></u>		111	
Forms W-2 and	9a Ordinary dividends, Attach Schedule B					9a	
W- 2G here. Also attach	b Qualified dividends (see instructions)		L	<u> </u>		46.3 4624	
Form(s) 1099- R	10 Taxable refunds, credits, or offsets of st			•	· · ·	10	
if tax was withheld.	•			*****************	· · ·	11	
If you did not	12 Business income or (loss). Attach Sche13a Capital gain or (loss). Attach Schedule				— I—	12	4,941.
get a W- 2,	13a Capital gain or (loss). Attach Schedule l b H boxon 13a is checked, anter post-May 5 capit		1 1	u, check here	الا	38	
see instructions	14 Other gains or (losses). Attach Form 479	D**	1			4	
	15a IRA distributions			ible amount (see instruction		5b	
	16a Pensions and annuities 16a		7.	ble smount (see Instruction		Sb	
	17 Rental real estate, royalties, partnerships,	S corporations, tru	usts, etc.	. Attach Schedule E	1	7	
Enclose, but do	18 Farm income or (loss). Attach Schedule F	=			1	8	
not attach, any payment. Also,	19 Unemployment compensation			******************	. 1	9	1,650.
please use.	20a Social security benefits 20a		D Taxel	ble amount (see instruction	-		
Form 1040- V.	21 Other income. List type and amount (see				2		
Adlina	22 Add the amounts in the far right column to			is youlotal income	2:	<u> </u>	9,402.
Adjusted Gross	23 Educator expenses (see instructions) 24 IRA deduction (see instructions)		23	<u> </u>			
Gross Income	25 Student loan interest deduction (see instru)	25		-		
meome	26 Tuition and fees deduction (see instruction	· · · · · · · · · · · · · · · · · · ·	26				
	27 Moving expenses. Attach Form 3903	1	27		7		
	28 One-hall of self-employment tax. Attach S) -	28	349.	133		
	29 Self-employed health insurance deduction	(see instr.)	29			1	
	30 Self-employed SEP, SIMPLE, and qualified	plans	30		7		
	31 Penalty on early withdrawal of savings		31]		
	32a Alimony paid b Recipient's SSN		32a				
	33 Add lines 25 through 32a				33		349.
	34 Subtract line 33 from line 22. This is your ad	justed gross inco	me	· · · · · · · · · · · · · · · · · · ·	34	<u> </u>	9,053.

Schedule C

32

 If you checked 32b, yournust attach Form 6198 For Paperwork Reduction Act Notice, see Form 1040 instructions.

Profit or Loss From Business

◆ OMB No. 1545-007

(Form 1040)		(\$	ole Proprietorship)		2003	
O	► Partner	ships, joint vent	ures, etc., must file Form 1065 or 1065-B.	3. Attachment		
Department of the Treasury Internal Revenue Service (99)	Attach to For	m 1040 or 1041.	► See instructions for Schedule C (Form	1040).	Sequence No.	
Name of proprietor				Social	security number (SSN)	
Ana B Jaramill	0			5	90-05-4184	
A Principal business or pro	ofession, including prod	uct or service (se	e instructions)	B Enter	r code from instructions	
Housecleaning,			'		561790	
C Business name. If no se	parate business name,	leave blank.		D Empl	oyer ID number (EIN), II	
E Business address (include	l on moon to after	• 100N	Whisman Rd Apt 3114	1.,		
E Business address (included City, town or post office,			tain View CA 94043		•	
F Accounting method:	(1) X Cash (2)	Accrual	(3) Other (specify)▶			
			uring 2003? If "No," see instr. for limit on loss	as	X Yes	
Part I Income						
	Caution. If this income v	vas reported to yo	ou on Form W-2 and the "Statutor			
			eck here	1 1	1,122	
				. 2		
					1,122	
Cost of goods sold (from	line 42 on page 2)			. 4	,	
Gross profit. Subtract line					1,122	
Other income, including F	ederal and state gasolin	ie or fuel tax cred	it or refund (see instructions)	6	4,200	
					F 300	
				7	5,322	
		business use of	your homeonly on line 30			
Advertising	8		19 Pension and profit-sharing plans	277 . 7		
Car and truck expenses.		200	20 Rent or lease (see instructions)	a		
(see instructions)	9	306.	a Vehicles, machinery, and equipment			
Commissions and fees	10		b Other business property			
Contract labor			21 Repairs and maintenance			
(see instructions)			22 Supplies (not included in Part III)			
Depletion	12		23 Taxes and licenses	23		
Depreciation and section 17			24 Travel, meals, and entertainment	248		
expense deduction (not incl			• •	. 240		
in Part III) (see instructions)			b Meals and entertainment.			
Employee benefit programs (other than on line 19)			c Enter nonde-			
insurance (other than health			ductible amount inc-			
interest:	13		luded on line			
Mortgage (paid to banks, e	etc.)		d Subtract line 24c from line 24b	. 24d		
Other			25 Utilities	25		
Legal and professional	7.5		26 Wages (less employment credits)	. 26		
services		75.	27 Other expenses (from line 48			
Office expense	}		on page 2)	27		
		of home. Add line	s 8 through 27 in column	28	381.	
	at line 28 from line 7			29	4,941.	
Tentative profit (loss). Subtrac				30		
	your home. Attach For					
Expenses for business use of				1 1		
Expenses for business use of Net profit or (loss). Subtract	line 30 from line 29		, line 2 (statutory employees			
Expenses for business use of Net profit or (loss). Subtract If a profit, enter on Form 1	line 30 from line 29 1040, line 12, and also	on Schedule SE	, line 2 (statutory employees	31	4,941.	
Expenses for business use of Net profit or (loss). Subtract If a profit, enter on Form 1 see instructions). Estates and	line 30 from line 29 1040, line 12, and also trusts, enter on Form 1	on Schedule SE	, line 2 (statutory employees	31	4,941.	
Expenses for business use of Net profit or (loss). Subtract	line 30 from line 29 1040, line 12, and also trusts, enter on Form 1 ne 32	on Schedule SE 041, line 5.	<u> </u>	31	4,941.	

at risk.

Schedule C (Form 1040) 2

Schedule C (Form 1040) 2003 A Jaramillo	m		_
Cost of Goods Sold (see instructions)	590-	05-41	.84
33 Method(s) used to			
value closing inventory: a	ition)		
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory. "Yes," attach explanation	3 H		
		Yes	Γ
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	1		
		+	
36 Purchases less cost of items withdrawn for personal use	36	1.	
		 	
37 Cost of labor. Do not include any amounts paid to yourself	37		
38 Materials and supplies	l		
39 Other costs	. 39		
40 Add lines 35 through 39			
41 Inventory at end of year			
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line	. 42	•	
Information on Your Vehicle. Complete this part only if you are claiming car or truck e if you must file Form 4562.	expenses	00	
ir you must me Form 4562.	d out		
43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2002			
			_
4 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle			
- Chairman	9 (OF;		
a Business 851 b Commuting c Other			
C Other			_
Do you (or your spouse) have another vehicle available for personal use?		Yes	_ No
Do you (or your spouse) have another vehicle available for personal use?			
Do you (or your spouse) have another vehicle available for personal use?	. 🏻	Yes Yes	 No No
Do you (or your spouse) have another vehicle available for personal use?	. 🛛	Yes	_ No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off-duty hours? Do you have evidence to support your deduction?	. 🛛		
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off-duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	
Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off- duty hours? Do you have evidence to support your deduction?		Yes Yes	No

Schedule EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information

1040A] _	 1
1040	EIC	
A or 1040		

OMB No. 1545-0074

2003

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Ana B Jaramillo

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Attachment Sequence No. 43 Your social security number

590-05-4184

Before you begin:

See the instructions for Form 1040A, line 41, or Form 1040, line 63 to make sure that

(a) you can take the EIC and (b) you have a qualifying child



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your returnd if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2a agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information	Child 1	Child 2
1 Child's name	First name Last name	First name Last name
If you have more than two qualifying children, you only have to list two to get the maximum credit.	Peter Biocini	
2 a Child's SSN The child must have an SSN as defined in the instructions unless the child was born and died in 2003. If your child was born and died in 2003 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	603-74-6985	
ь Child's year of birth	Year 1988 If born after 1984, skip lines 3a and go to line 4.	Year I 3b; If born after 1984, skip lines 3a and 3t go to line 4.
If the child was born before 1985 -		90 10 1816 4.
a Was the child under age 24 at the end of 2003 and a student?	Yes. No. Go to line 4. Continue	Yes. No. Go to line 4. Continue
b Was the child permanently and totally disabled during any part of 2003?	Yes. No. Continue This child is not qualifying child.	Yes. No.
Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son	quanting cine.
Number of months child lived with you in the United States during 2003 If the child lived with you for more than half of 2003 but less than 7 months, enter "7".		
 If the child was born or died in 2003 and your home was the child's home for the entire time he or she was alive during 2003, enter "12". 	12 months Do not enter more than 12 months.	months Do not enter more than 12 months.



You may also be able to take the additional child tax credit if your childa) was under age 17 at the end of 2003,(b) is claimed as your dependent on line 6c of Form 1040A or Form 1040and (c) is a U.S. citizen or resident alien. For mor details, see the instructions for line 42 of Form 1040A or line 65 of Form 1040.

Case 3:08-cv-00885-SI Document 1-28 Filed	02/08/2008 Page 1	5 of 28
Schedule SE (Form 1040) 2003	Attachment Se	equence No. 17 Pa
Name of person withself- employmentincome (as shown on Form 1040	Social security number of per	son
Ana B Jaramillo	with self-employmentincom	▶ 590-05-4184
Section B - Long Schedule SE		
Part I Self- Employment Tax	·	•
A If you are a minister, member of a religious order, or Christian Science practition net earnings from self- employment, check here and continue with Part J		ı had \$400 or more obther
line 15a. Note. Skip this line if you use the farm optional method. See instruction	on	1
2 Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and n see instructions for amounts to report on this line. See instructions for other income this line if you use the nonfarm optional method. See instructions	nembers of religious orders, ome to report.Note. Ski	2 4,941.
3 Combine lines 1 and 2		3 4,941.
a If line 3 is more than zero, multiply line 3 by 92.35% (.9325). Otherwise, enter an	nount from line 3	4a 4,563.
bilf you elect one or both of the optional methods, enter the total of lines 15 and 17	here	4b
c Combine lines 4a and 4b. If less than \$400,do not file this schedule; you do not	owe self- employment tax	

Chiefwise, error amount nom whe s		4,563.
bilf you electione or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400,do not file this schedule; you do not owe self-employment tax		
Exception. If less than \$400 and you hadchurch employee income, enter - 0- and continu	> 4c	4,563.
5 a Enter your church employee income from Form W- 2. See instruction for definition of church employee income		
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter - 0-	5b	
6 Net earnings from self- employment. Add lines 4c and 5		1 563
7 Maximum amount of combined wages and self- employment earnings subject to social security tax or	···	4,563.
the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2003	7	97 000 00
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$87,000 or more, skip lines 8b through 10, and go to line 11 b Unreported tips subject to social security tax (from Form 4137, line 9)		87,000.00
c Add lines 8a and 8b	8c	2 011
9 Subtract line 8c from line 7. If zero or less, enter - 0- here and on line 10 and go to line 11	·· \ 80	2,811.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124	9	84,189.
11 Multiply line 6 by 2.9% (.029)	10	566.
	11	132.
12 Self-employment tax. Add lines 10 and 11. Enter here and onForm 1040, line 55	12	698.
13 Deduction for one- half of self- employment tax. Multiply line 12 by 50% (.5)	1-80 184-14 1918-1	
Enter the result here and on Form 1040, line 28		

Farm Optional Method. You may use this method only if	展等 第	
 Your gross farm income¹ was not more than \$2,400or 		
Your net farm profits ² were less than \$1,733.	craft 5	
14 Maximum income for optional methods	4.0	7 (00 00
15 Enter the smaller of : two thirds ² / ₃) of gross farm income ¹ (not less than zero)or \$1,600. Als include this amount on line 4b above	. 15	1,600.00
Nonfarm Optional Method. You may use this method only if	15	
 Your net nonfarm profits³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income ⁴ and 		
 You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. 		
Caution. You may use this method no more than five times		
6 Subtract line 15 from line 14	1-22-1	
7 Enter the smaller of : two thirds 2/3) of gross nonfarm income (not less than zero)or the amoun	16	
on line 16. Also include this amount on line 4b above	17	
3		

From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.		From Sch. C, line 31; Sch. C- EZ, line 3; Sch. K-	1 (Form 1065), line 15e; and Sch. K-1 (Form 1085-B) hove
From Sah E Hay 155 and Sah M 4 (Sam 2005) Hay 25.	ł	4	

Tax

		JARAMILI		Your SSN: 59	0-05-410	Δ
Step 6	25 A	mount from Sid	e 1, line 24		0 03-410	*
Special	28 E	nter credit name	<u> </u>		▶ 28	25
Credits		nter credit name		code no and amount.	▶ 29	
 and Nonrefunda 	able 30 To	claim more tha	in two credits, see i	nstructions	. = 30	
Renter's	31 No	onrefundable re	nter's credit. See in:	structions for "Step 6"	. • 31	
Credit	JJ AQ	a line 28 viroug	in line 31. These ar	your total credits		22
	34 SU	otract line 33 fro	om line 25. It less th	an zero, enter - 0		31
a. =	SO WIII	Burnanna mananna	m tex. Attach Sched	fule P (540)		118 25
Step 7	36 Oth	ner taxes and cr	edit recapture. See	instructions		A 26
Other Taxes	s 3/ Add	ine 34 through	h line 36. This is you	ır total tax		0 37
a . a	Je Cal	norma micome d	ex wiinneid. See ins	tructions	20	
Step 8	39 200	3 CA estimated	tax and other paym	ents. See instructions	2 30	
	TV NCA	A CORP. A MICHION	71119- (COMM(8) 392-	5, 594, and 597) See instructions	4 0	
Payments	71 CXU	833 OUI. O ce iils	suuctions	******	41	
To view your	Child ar	id Dependent (Care Expenses Cre	dit. See instructions; attach form FTB	3506	
2003 estimated payments, go to	• 42			43		
www.ftb.ca.gov	44				4 5	4.1
	46 Add	line 38, line 39,	line 40, line 41, and	line 45. These are your total paymen	s	46
	47 Over	paid tax, if line 4	16 is more than line	37, subtract line 37 from line 46		87
Step 9	48 Amoi	unt of line 47 you	u want applied to y	ou/2004 estimated ta		47
Overpaid Tax/	/ 49 Over	daliava xai biac	e this year. Subtrac	t line 48 from line 47		= 40
Tax Due/ Use	50 Tax d	ue. If line 46 is l	ess than line 37, su	btract line 46 from line 37. See instruc	tions	## 48 EA
Tax	51 USE 1	ax. See instructi	ions		A.O. 13	50
	CA Seniors : See Instru	Special Fund. ections	• 52	CA Bresst Cancer Research Fund	. • 57	931
Step 10	•	Disesse/Related		CA Firetighters, Memorial Fund	58	
Contributions		Fund	● 53			
	CA Fund for	Senior Citizens	• 54	Emergency Food Assistance Program Fund	● E C	
				CA Peace Officer Memorial Foundation Fund	• 55	
		langered Species on Program	• 55	Foundation Fung	• 60	· · · · · · · · · · · · · · · · · · ·
				Asthma and Lung Disease		
	State Childre	n's Trust Fund for ti of Child Abuse •	he • 56	Research Fund		***************************************
				CA Missions Foundation Fund	• 62	
	64 Add line	52 through line	62. These are you	total contributions		
on 11	65 REFUN	O OR NO AMOU	INT DUE. See instr	teliana Banka		• 64
tep 11	FRANCI	HISE TAX BOAF	RD. PO BOX 94284	JCTIONS. MAII 10: D, SACRAMENTO CA 94240-0009		_
fund or nount			e instructions. Mai			📕 65
u Owe	FRANCE	ISE TAX BOAF	D. PO BOX 94286	TO Y, SACRAMENTO CA 94267-0009		_
	67 Interest.	ate return penal	ties, and late paym	ent penelties		
ep 12	68 Underpa	vment of estimat	ed tax. Check hov:	FTB 5805 attached FTE	*************	67
	69 Total amo	ount due. See in	structions Enciose	but do not staple, any payment	5 5805F attached	d 🚟 68
erest and				but do not staple, any payment	•••••••	69
erest and (a voided check	or a denneit elin. S	oo instruction		• 70 4
alties			or a coposit stip, o	aa manuchons.		
alties	Do not attach	section to have	Vour refund direct	e elementaria en la la		
alties	Do not attach Complete this	section to have	your refund directh	deposited. Routing number	· · · · · · · · · · · · · · · · · · ·	
alties p 13 c	Do not attach Complete this Account Type:	section to have	your refund directly Account	deposited. Routing number	········•	
elties p 13 c ct Deposit A und Only) c	Do not attach Complete this Account Type: Checking	section to have	your refund directh Account number		*******	
ep 13 (ct Deposit Aund Only)	Do not attach Complete this Account Type: Checking •	Savings •	Account number			es of perjury, I declare that I have
ep 13 control of the	Do not attach Complete this Account Type: Checking MPORTANT:S xxmined this return	Savings • See the Instructions	Account number	id struch a copy of your complete federal re is fallements, and to the best of my knowled	turn. Under penalti Ige and belief, it is i	rue, correct, and complete.
ep 13 (control of the control of the	Do not attach Complete this Account Type: Checking MPORTANT:S xxmined this return	Savings • See the Instructions	Account number	id attach a copy of your complete federairs is talements, and to the best of my knowled Spouse's signature at filling jointly, b	turn. Under penalti Ige and belief, it is i	Daylime phone no. (options
ep 13 control of the	Do not attach Complete this Account Type: Checking MPORTANT:S xxmined this return	Savings •	Account number	id struch a copy of your complete federal re is fallements, and to the best of my knowled	turn. Under penalti Ige and belief, it is i	Daytime phone no. (optional
ep 13 (controlled to the controlled to the contr	Do not attach Complete this Account Type: Checking MPORTANT:S xxmined this return	Savings • See the Instructions	Account number	id attach a copy of your complete federairs is talements, and to the best of my knowled Spouse's signature at filling jointly, b	turn. Under penalti Ige and belief, it is i	Daylime phone no. (options
pp 13 (continued of the continued of the	Do not attach Complete this Account Type: Checking MPORTANT: seamined this return signature MULLING ACCOUNTS	Savings • See the Instructions um. including accord	Account number	id attach a copy of your complete federairs is talements, and to the best of my knowled Spouse's signature of filling jointly, b X	itum. Under penalti ge and belief, it is i oth must sign)	Dayline phone no. (optional 408-779-902
pp 13 (continued of the continued of the	Do not attach Complete this Account Type: Checking MPORTANT: seamined this return signature MULLING ACCOUNTS	Savings • See the Instructions um. including accord	Account number	id attach a copy of your complete federairs is talements, and to the best of my knowled Spouse's signature at filling jointly, b	itum. Under penalti ge and belief, it is i oth must sign)	page of perjury, I declare that I have frue, correct, and complete. Daytime phone no. (optional 408-779-902 Date 3-25-2009 Paid preparer's SSN/PT
pp 13 (Control of the control of the	Do not attach Complete this Account Type: Checking MPORTANT: Stamined this return signature MANUAL I	Section to have Savings See the Instructions un. including according to the last control of the last con	Account number	id attach a copy of your complete federairs is talements, and to the best of my knowled Spouse's signature of filling jointly, b X	itum. Under penalti ge and belief, it is i oth must sign)	Daylime phone no. (optional 408-779-902 Date \$-25-2009 Paid preparer's SSN/PT
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Side

Schedule C (Form 1040)

CALIFORNIA AMOU Profit or Loss From Business (Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

2003

	Attach to Fore	n 1040 or 1041.	► See instructions for Schedule C (Form 1	040).	Attachment Sequence No.
Name of proprietor				Socia	security number (SSN)
Ana B Jaramillo				5	90-05-4184
A Principal business or profession,	including produ	oct or service (se	ee instructions)		er code i rom instructions
Housecleaning				5	61790
C Business name. If no separate b	usiness name, l	eave blank,			loyer ID number (EIN), H
E Business address (including suite	or room no.)	▶ 100N W	hisman Rd Apt 3114		
City, town or post office, state, and	ZIP code	Mounta	in View CA 94043		
F Accounting method: (1)	Cash (2)	Accrual	(3) Other (specify)▶	***************************************	
G Did you "materially participate" in t	he operation of	this business d	uring 2003? If "No," see instr. for limit on losses		X Yes
H If you started or acquired this busi	ness during 200	03, check here.			
Part I Income		0,000			
1 Gross receipts or sales. Caution. I	f this income w	as reported to y	ou on Form W-2 and the "Statutor	TT	
			eck here	1 1	1,122.
2 Returns and allowances					
3 Subtract line 2 from line 1			***************************************		1,122.
4- Cost of goods sold (from line 42 or	page 2)		***************************************		
				-	
5 Gross profit. Subtract line 4 from li	ne		***************************************	5	1,122.
6 Other income, including Federal and			it or refund (see instructions)		4,200.
7 Gross Income. Add lines 5 and .				7	5,322.
Part II Expenses. Enter					3,322.
8 Advertising			19 Pension and profit-sharing plans	19	
9 Car and truck expenses			20 Rent or lease (see instructions)		
(see instructions)	9	306.	a Vehicles, machinery, and equipment		
10 Commissions and fees			b Other business property	20b	
11 Contract labor			21 Repairs and maintenance	21	
(see instructions)	11	•	22 Supplies (not included in Part III)	22	
12 Depletion	12		23 Taxes and licenses	23	
13 Depreciation and section 179			24 Travel, meals, and entertainment		
expense deduction (not included			a Travel	24a	
in Part III) (see instructions)	13			270	
14 Employee benefit programs		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	b Meals and entertainment		
(other than on line 19)	14		c Enter nonde-		
15 Insurance (other than health)	15		ductible amount inc-		
16 Interest:	243		luded on line		
a Mortgage (paid to banks, etc.)	16a		d Subtract line 24c from line 24b	24d	
b Other			OF I Militale -	25	
17 Legal and professional			00 18/0000 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	26	
services	17	75.	27 Other expenses (from line 48	-	
18 Office expense	18			27	
28 Total expenses before expenses for bu		ome. Add lines		28	381.
				-	201.
29 Tentative profit (loss). Subtract line 28 fr	om line 7	• • • • • • • • • • • • • • • • • • • •		29	4,941.
30 Expenses for business use of your home				30	<u> </u>
31 Net profit or (loss). Subtract line 30 from				-	
If a profit, enter on Form 1040, line 1	12, and also on	Schedule SE.	line 2 (statutory employees		
see instructions). Estates and trusts, ente				_ [4 0 4 1
If a loss, you must go to line 32		.,		<u> </u>	4,941.
2 If you have a loss, check the box that de:	scribes vour inv	estment in this	Activity (see instructions)		
If you checked 32a, enter the loss on	Form 1040 lin	e 12 and slea	on Cahadida CE III-a	1	
(statutory employees, see the instructions			Form 1041 See C	1	estment is at risk
If you checked 32b, yournust attach I		iuais, enter on i	Form 1041, line 3. 32b		investment is not
- it you directed ben, you must attach i	OID 0136		أسر	at risk.	

29 30 31

32

TAXABLE YEAR 2003

38 39 40

California Adjustments - Residents

SCHEDULE CA (540)

- ANA B JARAMILLO				Social security number
Part I Income Adjustment Schedule Section A - Income	Α (1	Federal Amountaxable amounts f	rom	O Pasinons
7 Wages, salaries, tips, etc. See instructions before making an entry in column B		your federal retui	7 770 41000001	s See instruction
8 Taxable interest income		2,811	•	
				<u> </u>
10 Taxable relunds, credits, offsets of state and local income taxes	(α) Δ1.			
11 Alimony received			United the state of the state o	
12 Business income or (loss)		4,941		ोर स <u>्</u>
42 Combat anim on the salt Dan implementation of this		4,241	<u>- </u>	
13 Capital gain or (loss). See instructions, (b) 14 Other gains or (losses).	14			
45 Total IDA dishibutions Confinements - (c)				
16 Total Pensions and annuities. See instructions(a)	(b)_			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	(2)			
18 Farm income or (loss)				
19 Unemployment compensation. Enter the same amount in column A and column B		1 (50		
An Cartal according to a street of		1,650.	1,650.	
20 Social security benefits (a)	(D)			上学是是少女 子
€ NOL from FTB 3805D.	. 3805Z,		r *	a
b Disaster loss carryover from FTB 3805V f Other (describe)			b	b Representation
c Federal NOL (Form 1040, line 21)	21		C	C
d NOL carryover from FTB 3805V	······································	•	d SUSPENDED	d'
22 Total. Combine line 7 through line 21 in column A. Add line 7 through			e SUSPENDED	● ● 「一」
line 21f in column B and column C. Go to Section B			L f	1
Section B - Adjustments to Income	- 22	9,402.	1,650.	
23 Educator expense				
24 IRA deduction	24		Arthur Selection of the	草家《通過疗效器》,这一
	26	· · · · · · · · · · · · · · · · · · ·		文語等所謂 图
	27			
28 One- half of self- employment tax 29 Self- employed health insurance deduction.	28	349.		S Constant
30 Self- employed SEP, SIMPLE, and qualified plans	29			
21 Panetty on parky withdrawal of environ	30		是也是其中是主持主义	
31 Penalty on early withdrawal of savings	31			
Last name				
Cast name				
20 Add the On the could be on the country	32a			
33 Add line 23 through line 32a in columns A, B, and C.	3 3	349.		
34 Total. Subtract line 33 from line 22 in columns A, B, and C. See inst	34	9,053.	1,650.	
Part II Adjustments To Federal Itemized Deductions				
5 Federal itemized deductions. Add the amounts on federal Sch. A (Form	1040), lines 4	, 9, 14, 18, 19, 26	6, and 27 35	25.
6 Enter total of federal Sch. A (Form 1040), line 5 (state and local income	taxand State I	Disability Insurance	ce) and line	
(foreign taxes only)				25.
Subtract line 36 from line 35				
Other adjustments including California lottery losses. See instructions, Si	pecify		20 -	
Combine line 37 and line 38				
Is your federal AGI (Form 540, line 13) more than the amount shown	below for yo	ur filing status?	_	
Cingle or married files apparetally \$400 that they have		-	y or qualifying widow(er) - \$271 432
Single or married filing separately - \$135,714 Head of Household - \$				##1 4#3€
No. Transfer the amount on line 39 to line 40				
No. Transfer the amount on line 39 to line 40	Schedule CA	(540), line 40	An l	
No. Transfer the amount on line 39 to line 40 Yes. Complete the Itemized Deductions Worksheet in the instructions for	Schedule CA	(540), line 40	40	
No. Transfer the amount on line 39 to line 40 Yes. Complete the Itemized Deductions Worksheet in the instructions for Enter the larger of the amount on line 40 or your standard deduction Single or married filing separately - \$3,070 Married filing jointly, head	listed below	d, or qualifying w	idow(ar) - \$6 140	
No. Transfer the amount on line 39 to line 40 Yes. Complete the Itemized Deductions Worksheet in the instructions for Enter the larger of the amount on line 40 or your standard deduction	listed below	d, or qualifying w	idow(ar) - \$6 140	6,140.

CUDITIOIGNIA MICON	CAI	IFORNIA	AMOUN
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Schedule C (Form 1040) 2003 Ana B Jaramillo 5 Part III Cost of Goods Sold (see instructions) 3 Method(s) used to value closing inventory: a Cost b Lower of cost or c Other (attach explanation "Yes," attach explanation	1)		
value closing inventory: a Cost b Lower of cost or c Other (attach explanation) Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If	1)		
value closing inventory: a [] Cost b [] market c [] Other (attach explanation 4 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If	ገ)		
4 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If			
"Yes," attach explanation			
		Yes	ſ
	1		-
5 Inventory at beginning of yeer. If different from last year's closing inventory, attach explanation	. 35		
5 Miveliory at Degrating of your it official from the state of the sta	-	 	
9 Purchases less cost of items withdrawn for personal use	36		
6 Purchases less cost of items withdrawn for personal use		,	
and the second s	27	-	
Cost of labor. Do not include any amounts paid to yourself	37	 	
Materials and supplies	38	<u> </u>	
Other costs	39		
		}	
Add lines 35 through 39	40		
Inventory at end of year	41		
Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line	42		
Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck en line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find if you must file Form 4562.	xpense	s on	
line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find	i out		
II YOU MIGALINE FORM 4002.			
When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/20	02		
Whiteh did you place your vehicle in several personal fundamental property of the property of			
Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle	for		
Of the total number of times and grove and service offices of the total per of times and present services	ioi.		
Business 851 b Commuting c Other			
Business 851 b Commuting c Other			-
A transport of the state of the	. Б	Z v	
Do you (or your spouse) have another vehicle available for personal use?	٠ ٢	집 Yes	Ц
	ĸ	7 vac	П
Was your vehicle available for personal use during off- duty hours?	. F.	ਪੁ Yes	Ш
	F	7	\Box
Do you have evidence to support your deduction?	<u> </u>	Yes	Ш
	F	a	
if "Yes," is the evidence written?	X	Yes	
art V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
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Office Experiment Editation backings expenses not included an intel of 20 or interest.			
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Form 8453 Department of the Treasury Internal Revenue Service Vour First Name and Initial Ana B If a Joint Return, Spouse's L Otherwise,	s First Name and Initial and street). If you have a P. St. St. St. St. St. St. St. St.	ollars only) m 1040A, line 19 36; Form 1040E, lir, Form 1040A, line 43; Form 1040E, line 45; Form liy after Part I is of as designated in interest of the of am not receiving ted Financial Agene tax preparation of that this author apprent System (Inber (PIN) to accomment by the life and an 2 business data electronic payment. The IRS does not	Jaram Last Name Jaram Last Name Daram Last Name Or, Form 1040EZ Z, line 11) ne 37; Form 10 EZ, line 12a) n 1040EZ, line 12b) n the electronither spouse as g a refund. ent to initiate an software for rization may append to the sess EFTPS. To orization, To reays prior to the nt of taxes to retare the sess EFTPS. To orization, To reays prior to the nt of taxes to retare the second traces the second traces the second traces to retare the second traces to retare the second traces to retare the second traces the second traces to retare the second traces the se	Declaration turn er 31, 2001 Ap State ZIP Co (A 940 C, line 4)	orde	Your 1590 Spoul Section 1590 Spoul Spo	2001 Social Security Number 1-05-4184 see's Social Security Number Important! must enter your socurity number(s) abov me Phone Number 0) 299-9497 38,369 4,124 6,893 2,769 ax return. If I have sect debit) entry to this return and/or a sis that I direct to be ents, I request that roce and effect until I is. Treasury porize the financial ary to answer
Department of the Treasury Internal Revenue Service Your First Name and Initia Ana B If a Joint Return, Spouse the print or type. Home Address (number and 1161 Hudson of type) Part Tax Return Info 1 Adjusted gross income (Form 1040, line 58 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund 164 and 164 Refund (Form 1040, line 58 and 164 and 164 Refund 164 and 164 Refund 164 Refun	s First Name and Initial and street). If you have a P. St. St. St. St. St. St. St. St.	ollars only) m 1040A, line 19 36; Form 1040E, lir, Form 1040A, line 43; Form 1040E, line 45; Form liy after Part I is of as designated in interest of the of am not receiving ted Financial Agene tax preparation of that this author apprent System (Inber (PIN) to accomment by the life and an 2 business data electronic payment. The IRS does not	Jaram Last Name Jaram Last Name Daram Last Name Or, Form 1040EZ Z, line 11) ne 37; Form 10 EZ, line 12a) n 1040EZ, line 12b) n the electronither spouse as g a refund. ent to initiate an software for rization may append to the sess EFTPS. To orization, To reays prior to the nt of taxes to retare the sess EFTPS. To orization, To reays prior to the nt of taxes to retare the second traces the second traces the second traces to retare the second traces to retare the second traces to retare the second traces the second traces to retare the second traces the se	state ZIP Co (A 940 C, line 4) C portion of my 20 an agent to receive a payment, if payment (settlem eceive confidential	orde	You sect Daytin (65) 1 2 3 4 5 come ta wal (dir yed on aymen to paymen to	Important! Important! must enter your social security Number important! must enter your social security number(s) above me Phone Number 0) 299-9497 38,369 4,124 6,893 2,769 ax return. If I have ect debit) entry to this return and/or a list that I direct to be ents, I request that roce and effect until I is. Treasury norize the financial ary to answer
Vise the IRS label. Otherwise, please print or type. Part I A Ama B I I A Joint Return, Spouse Properties of type. Part I Tax Return Info 1 Adjusted gross income (Form 1040, line 58 and 18 and 19 a person of the filed a joint return, this is b I do not want direct depose the financial institution accompanyment of estimated tax debited through the Electron of the tax liability and all applicable return, thurse and resolve issue the corresponding lines of the electron of the tax liability and all applicable return, thurse the U.S. Treasury Financial Agent at 1-888-3 institutions involved in the inquiries and resolve issue the corresponding lines of the electron, the tax liability and all applicable return, the tax liability and all applicable return. The tax liability and all applicable return, the tax liability and all applicable return. The tax liability and all applicable return, the return is accepted, any indication is delayed, I authorize the IRS to discovered the above reviewed the above return. The tax payer will have obe filed with the IRS, and have followed the above return and accompanying schedules and states an	and street). If you have a P. St. St. St. St. St. St. St. St.	ollars only) m 1040A, line 19 36; Form 1040E2 c); Form 1040E DA, line 45; Form ly after Part I is of d as designated i bintment of the of am not receiving ted Financial Age he tax preparatio d that this author eyment System (I mber (PIN) to acc minate the author and 2 business da electronic payment yment. the IRS does not	Jaram Last Name Daram Last Name Daram Last Name Ons. P; Form 1040EZ Z, line 11) Ine 37; Form 10 EZ, line 12a) In 1040EZ, line completed.) In the electronither spouse as garefund. ent to initiate an software for rization may apper to the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the int of taxes to retain the sess EFTPS. To orization, To reays prior to the interest the sess EFTPS. To orization, To reays prior to the interest the sess EFTPS. To orization, To reays prior to the interest the sess EFTPS. To orization, To reays prior to the interest the sess EFTPS. To orization, To reays prior to the interest the sess EFTPS. To orization, To reays prior to the interest the sess EFTPS. To orization, To reays prior to the interest the sess EFTPS. To orization th	State ZIP CO (A 940 C, line 4)	000 federal investment of the subsequents to remain in I must contacted information	You sect Daytin (65) 1 2 3 4 5 come ta wal (dir yed on aymen to paymen to	Important! Important! Important! Imust enter your socurity number(s) above the Phone Number 0) 299-9497 38,369 4,124 6,893 2,769 ax return. If I have ect debit) entry to this return and/or a list that I direct to be ents, I request that roce and effect until I is. Treasury norize the financial ary to answer
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Part Declaration of Electrical Declaration o	onic portion of my 2 nt to my ERO sendir y ERO and/or transn n of a refund offset,	2001 federal inco ng my return, thi: mitter an acknow and, if rejected,	me tax return. s declaration, a dedgment of re the reason(s)	To the best of my and accompanying ceipt of transmiss for the rejection. It	knowledge a g schedules a ion and an in f the processi	nd belie nd stati dication no of m	ef, my return is ements to the IRS, n of whether or not ny return or refund
declare that I have reviewed the ab knowledge. If I am only a collector, I on the return. The taxpayer will have on the filed with the IRS, and have foll ncome Tax Returns. If I am also the and accompanying schedules and sta	<u>use projection</u>	Date	<u> </u>	Spouse's Signature, If	f a joint return, bo	th must s	sign. Date
declare that I have reviewed the ab nowledge. If I am only a collector, I in the return. The laxpayer will have o be filed with the IRS, and have foll noome Tax Returns. If I am also the and accompanying schedules and six	ectronic Return	Originator (E	RO) and Pa	aid Preparer (S	See instruction	15.)	
Heharet deciaration is posed on air i	ove taxpayer's return am not responsible signed this form be lowed all other requi paid preparer, unde alements, and to the	n and that the er for reviewing the efore I submit the irements in Pub er penalties of pe best of my know	ntries on Form e return and or e return. I will g 1345, Handboo erjury I declare wledge and bel	8453 are completed by declare that the five the taxpayer a construct of the first that I have examinated the I have examinated that I have examinated the I have examinated that I have examinated the I have	e and correct is form accura a copy of all for RS <i>e-file</i> Provined the above	to the stely reforms ar viders of taxpa	flects the data nd information of Individual over's return
ERO's	Okana D		1/26/00	Check if also paid	Check if self-		RO's SSN or PTIN
RO's Signature Se Firm's Name	GRUPO CANAS	INC.	11 60	C preparer X	employed		00152277
only (or yours if solf-employed).	610 Third St				EIN		8-0372499
Address, and ZIP Code	San Rafael		ÇA	94901	Phone No.	(415	
nder penalties of perjury, I declare that I have e rrect, and complete. This declaration is based o	xamined the above taxpays on all information of which	yer's return and accom If have any knowledge	npanying schedules e.		the best of my ki	nowledge	and belief, they are true,
aid Preparer's				Date	Check il self-	- Pre	eparer's SSN or PTIN
ald Signature reparer's Firm's Name					employed	<u> </u>	
se Only (or yours if seif-employed).							
Address, and ZIP Code AA For Paperwork Reduction Act N					Phone		

Form 1040				e only — D		staple in this space	e.
	For the year Jan 1 - Dec 31, 2001, or other tax year beginni		ending , 20			No. 1545-0074	
Label		ast Name				Security Number	
(See instructions.)	7	Jaramillo	·		590-05		_
Use the	If a Joint Return, Spouse's First Name MI L	ast Name			Spouse's So	cial Security Numb	· C
IRS label. Otherwise,	Home Address (number and street), If You Have a P.O. Box, S	See Instructions	Apartment	No.		A	_
please print						iportant! A	A ci
or type.	1161 Hudson St. City, Town or Post Office. If You Have a Foreign Address, See	Instructions.	State ZIP Code			number(s) abov	
Presidential	Redwood City		CA 94061	ł			
Election				You		Spouse	_
Campaign (See instructions.)	Note: Checking "Yes" will not change your ta Do you, or your spouse if filing a joint return	x or reduce your retuing, want \$3 to go to this	na. s fund? ►	Yes	X No	<u> </u>	N
	1 Single						_
Filing Status	2 Married filing joint return (even if onl	y one had income)					
	3 Married filing separate return. Enter		& full name here	-			
Observation and the	4 X Head of household (with qualifying p				a child but	not your	
Check only one box.	dependent, enter this child's name h						
	5 Qualifying widow(er) with dependent	child (year spouse di	ed ►). (S	ee instru	ctions.)		
	6a X Yourself. If your parent (or someone	else) can claim you	as a dependent on his o	or	No. of i		
Exemptions	her tax return, do not check box 6a .		.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • •	6a and		
	b Spouse	· · · · · · · · · · · · · · · · · · ·		<u> – </u>	No. of y		
	c Dependents:	(2) Dependent's	(3) Dependent's	(4) V	if 6c who	:	
	c bepared in	social security number	relationship to you	child for	child		
	(1) First name Last name			(see ins	Q.1.		
				 	live wit	h you divorce	
If more than				 - 	Of sepa	ration	
six dependents,				╂┈┼╃	Depend	· · · · · · · · · · · · · · · · · · ·	
see instructions.				 	on 6c n	ct	
				1-11	Add ma	mbers	_
	d Total number of exemptions claimed			<u>.</u>	entered		1
	7 Wages, salaries, tips, etc. Attach Form(s)	W-2			7	36,130	<u>.</u>
Income	8a Taxable interest. Attach Schedule B if req				8a		
Attach Forms	b Tax-exempt interest. Do not include on lin	ne 8a	8b				
W-2 and W-2G here. Also attach	9 Ordinary dividends. Attach Schedule B if r				9		
Form(s) 1099-R if	10 Taxable refunds, credits, or offsets of state				1		
tax was withheld.	11 Alimony received				2		_
If you did not	13 Capital gain or (loss). Attach Schedule D if required.	If not required, check here	▶ □		3	-291	
get a W-2, see instructions.	14 Other gains or (losses). Attach Form 4797				4		÷
instructions.	15 a Total IRA distributions 15a		xable amount (see inst		5 b		
	16a Total pensions & annuities . 16a		xable amount (see inst		6b		
	17 Rental real estate, royalties, partnerships,				7		
Enclose, but do	18 Farm income or (loss). Attach Schedule F						
not attach, any	19 Unemployment compensation					2,530	·
ayment. Also, llease use		b Ta	xable amount (see instr		0 б		
form 1040-V.	21 Other income 22 Add the amounts in the far right column for		Chic ic your total incom	- 2		20 360	_
	22 Add the amounts in the far right column for 23 IRA deduction (see instructions)		23	41		38,369.	<u>-</u>
Adjusted		-	24				
ross	24 Student loan interest deduction (see instruction)25 Archer MSA deduction. Attach Form 8853 .	-	25				
ncome	26 Moving expenses. Attach Form 3903		26				
	27 One-half of self-employment tax. Attach Sc		27		4		
	28 Self-employed health insurance deduction (28				
	29 Self-employed SEP, SIMPLE, and qualified	,	29				
	30 Penalty on early withdrawal of savings	-	30		32E		
	31 a Alimony paid b Recipient's SSN	1 1	31 a l		1 X		

32Add lines 23 through 31a3233Subtract line 32 from line 22. This is your adjusted gross income33 BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 12/10/01

38,369. Form 1040 (2001)

Form 1040 (20			590-05-	4184 Page 2
Tax and	34 Amount from line 33 (adjusted gross income)		34	38,369.
Credits	35 a Check if: You were 65/older, Blind; Spouse		100000000	
Ta. 1 1	Add the number of boxes checked above and enter the total		a	
Standard Deduction	b If you are married filing separately and your spouse itemizes or you were a dual-status alien, see instructions and check h	deductions, ere	ь 🗌 🌌	
for - People who	36 Itemized deductions (from Schedule A) or your standard deduction (see le		1-1-1	6,650.
checked any b		•		31,719.
on line 35a or	38 If line 34 is \$99,725 or less, multiply \$2,900 by the total num	ber of exemptions claimed	j See	
35b or who ca be claimed as	on line 6d. If line 34 is over \$99,725, see the worksheet in the	e instructions	38	2,900.
dependent, see instructions.	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	• • • • • • • • • • • • • • • • • • • •	39	28,819.
	40 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form	4972	40	4,324.
 All others: Single: 	41 Alternative minimum tax (see instructions). Attach Form 625	1	41	
\$4,550	42 Add lines 40 and 41		> 42	4,324.
Head of	43 Foreign tax credit. Attach Form 1116 if required	. 43		
household,	44 Credit for child and dependent care expenses. Attach Form 2441			
\$6,650	45 Credit for the elderly or the disabled. Attach Schedule R	. 45		
Married filing	46 Education credits. Attach Form 8863	. 46		
jointly or Qualifying	47 Rate reduction credit. See the worksheet	. 47 2	00.	
widow(er),	48 Child tax credit (see instructions)	. 48_	2000	
\$7,600	49 Adoption credit. Attach Form 8839			
Married filing	50 Other credits from a Form 3800 b Form 8396	200		
separately, \$3,800	c Form 8801 d Form (specify)	50		
145,000	51 Add lines 43 through 50. These are your total credits			200.
	52 Subtract line 51 from line 42. If line 51 is more than line 42, et	nter -0- ,		4,124.
	53 Self-employment tax. Attach Schedule SE			
Other	54 Social security and Medicare tax on tip income not reported to employer. Attac			
Taxes	55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach			
	56 Advance earned income credit payments from Form(s) W-257 Household employment taxes. Attach Schedule H			
	58 Add lines 52-57. This is your total tax			4,124.
Payments	59 Federal income tax withheld from Forms W-2 and 1099	59 6,89		4,124.
If you have a	60 2001 estimated tax payments and amount applied from 2000 return			
qualifying	61a Earned Income credit (EIC)	61 a		
child, attach Schedule EIC.				
Octroduc 2.0.	62 Excess social security and RRTA tax withheld (see instrs)			
	63 Additional child tax credit. Attach Form 8812			
	64 Amount paid with request for extension to file (see instructions)	64		
	65 Other payments. Check if from a Form 2439			
	b Form 4136	65 }	_	
FDIA0112 12/10/01	66 Add lines 59, 60, 61a, and 62 through 65. These are your			
	total payments		. 66	6,893.
Refund	67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount	you overpaid	67	2,769.
Direct deposit?	68 a Amount of line 67 you want refunded to you] a	. ► 68a	2,769.
See instructions and fill in 68b,		Checking Saving	JS PROPERTY OF THE PROPERTY OF	
68c, and 68d.	d Account number 0931305434	60	7	
Amount		69	▶ 70	
Amount You Owe	70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see i	1	▶ 70	TO SERVICE STREET
		71	The state of the	STATE OF THE PARTY
Third Party	Do you want to allow another person to discuss this return with the IRS (see instruction Designee's Phone	s): res. Cor	nplete the follow Personal Identific	
Designee	Name ► No.	-	Number (PIN)	>
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is	based on all information of which	e best of my knowler preparer has any ki	lge and lowledge.
Here	Your Signature Date	Your Occupation	Daytime Pho	ne Number
Joint return? See instructions.)	Accounting Clerk	(650)	299-9497
Кеер а сору		pouse's Occupation		
or your records.	•		李涛 粉练	water 12 in
	Preparer's Date 01/27/20		Preparer's SS	
Paid	101/2//20	002 Check if self-employed	(P001522	277
Preparer's	Firm's Name GRUPO CANAS, INC.			
Jse Only	self-employed). 610 TKird St. Ste. A-4 Address, and San Rafael CA 9	4901 EIN	68-0372	
	ZIF Code San Rafael CA 9	4901 Phone		159-5214
			For	m 1040 (2001)

Schedule D (Form 1040)

Capital Gains and Losses

Department of the Treasury Internal Revenue Service

► Attach to Form 1040. ► See instructions for Schedule D (Form 1040). ► Use Schedule D-1 to list additional transactions for lines 1 and 8.

2001 12

OMB No. 1545-0074

Name(s) Shown on Form 1040

Your Social Security Number

	Jaramil Short-		I Gains and I	osses – Assets	Held One Year or	Less	0-05-4184
(a) De propert 100 sha	scription of (Example: es XYZ Co)	(b) Date acquired (Mo, day, yr)		(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	
1 Ame	ritrade	05/30/00	04/16/01	111.	402	-291	
							(种) (外)
2 Enter	your short- Schedule D-	term totals, if an	y, 2				
3 Total	short-term :	sales price amo in column (d)	unts.	111.			
4 Short 6781,	term gain fr and 8824	om Form 6252 a	and short-term g	ain or (loss) from Form	ns 4684,	Michael C. P. C. L. Ref. (C. L. p.)	
5 Net st from 5	nort-term gai Schedule(s)	in or (loss) from K-1	partnerships, S	corporations, estates,	and trusts		
6 Short-	term capital	loss carryover.	Enter the amour	nt, if any, from line 8 or	Evour		
7 Netsh	ort-term can	oital gain or (los:	s). Combine line:	s 1 through 6 in column		-291.	de de la constant de
art II	Long-To	erm Capital (Gains and Lo	sses – Assets He	ld More Than Or	e Year	1206年 1206-1200-1200-1200-1
(a) Descriptoperty (I 100 shares	xample:	(b) Date acquired (Mo, day, yr)	(C) Date sold (Mo. day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain of (loss) (see instructions bel
8							(See manuchons per
			-				
9 Enter y	our long-terr	n totals, if any, line 9	9				
) Total lo	ng-term sale	es price amount	s.			1 1 to 1 to 1	
Gain tro	m Form 479	7. Part I: Jong-te	erm gain from Fo	orms 2439 and 6252; a	nd 11		
. Net long	-term gain c	or (loss) from par	rtnerships. S coi	porations, estates, and	1		
			und				
Long-ter	m capital los	s carryover. Ent	ital Loce Corner				
if any, fr	om line 13 o	t your 2000 Cap	Ital Loss Carryo				
of any, fr	om line 13 o Tines 8 thro	t your 2000 Cap. ugh 14 in columi	ntal Loss Carryov		15		
Combine	om line 13 o Tines 8 thro	r your 2000 Cap. ugh 14 in column gain or (loss). C	ntal Loss Carryov		15		

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

small business stock (see instructions).

Schedule D (Form 1040) 2001

Sch	edule D (Form 1040) 2001 Ana B Jaramillo	590-05-4184	Page
Pa	Taxable Gain or Deductible Loss		
17	Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 10 line 13, and complete Form 1040 through line 39	10, 17	-291
	Next: • If both lines 16 and 17 are gains and Form 1040, line 39, is more than zero, complete Part IV below.		
	Otherwise, skip the rest of Schedule D and complete Form 1040.		
	If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) (\$3,000) (or, i		
18	married filing separately, (\$1,500)). Then complete Form 1040 through line 37	18	-291
	Next: • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 37, is less than zero skip Part IV below and complete the Capital Loss Carryover Worksheet in the instructions before completing the rest of Form 1040.	re	
	 Otherwise, skip Part IV below and complete the rest of Form 1040. 	经	
Pai	Tax Computation Using Maximum Capital Gains Rates	•	
19	Enter your unrecaptured Section 1250 gain, if any, from line 17 of the worksheet in the instructions 19	b 🚭	
	If line 15 or line 19 is more than zero, complete the worksheet in the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.		
20	Enter your taxable income from Form 1040, line 39		
21	Enter the smaller of line 16 or line 17 of Schedule D		
	If you are deducting investment interest expense		
	line 4e. Otherwise, enter -0	100	
	Subtract line 22 from line 21. If zero or less, enter -0	——最類	
	Subtract line 23 from line 20. If zero or less, enter -0	深	
	Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies	25	
26	Enter the smaller of:		
	• The amount on line 20 or		
	\$45,200 if married filing jointly or qualifying widow(er);		
	\$27,050 if single;		
	\$36,250 if head of household; or		
	\$22,600 if married filing separately		
	If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.		
27 1	Enter the amount from line 24		
28	Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34		
29 [Enter your qualified 5-year gain, if any, from line 7 of the worksheet in the instructions		
O E	Enter the smaller of fine 28 or line 29		
	Multiply line 30 by 8% (.08)	31	
	Subtract line 30 from line 28		
	Multiply line 32 by 10% (.10)	33	
	f the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.		
	Inter the smaller of line 20 or line 23		
	Inter the amount from line 28 (if line 28 is blank, enter -0-)		
	Subtract line 35 from line 34		
	Multiply line 36 by 20% (.20)	37	
8 A	odd lines 25, 31, 33, and 37	38	
	igure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies		

FDIA0612 10/29/01

BAA

Schedule D (Form 1040) 2001

· · · · · · · · · · · · · · · · · · ·	25	Amount for	ida 1 11			You	ssn: 59	<u>0-05-41</u>	84
Step 6	28		, mic 24 .					25	4.5
Special	29	Enter credit name		code no	& amount >	28			
Credits and	30								
Nonrefundable	31	Nonrefundable	renter's credit.	See instructions to	r 'Step 6'	31			
Renter's Credit		Add lifte 20 dar	20gicinie 31, 11	rese are your total	r 'Step 6'	3 <i>i</i>		22	
	34	Subtract line 33	s from line 25, i	t less than zero.					
		enter -0					,	2.1	45
Step 7	35	Alternative mini	mum tax. Attac	h Schedule P (540)		•	35	45
Other Taxes	36	Other taxes and	credit recantur	re.				***************************************	
		See instructions					5	36	
	37	Add line 34 thro	ugh line 36. Thi	is is your total tax		·····	• 3	37	457
Step 8	38	California incom	e tax withheld.	See instructions		38			
Payments	39	2001 California	estimated tax a	nd other payments		39 ·			
	41	Excess SDI. See	instructions		· · · · · · · · · · · · · · · · · · ·	4 1			
	Child	i and Dependent	t Care Expense	s Credit. See instru	ctions; attach form	FTB 3506		·	
•	42 _								
	44 _				= 4	15			
	46 A	Add line 38, line	39, line 41, and	d line 45. These are	your total payment	·	A1		1 750
Step 9	47 (Overpaid tax. If I	ine 46 is more l	than line 37, subtra	ict line 37 from line	46	A*	7	1,759
Overpaid	48 A	Amount of line 47	7 you want appl	lied to your 2002 es	stimated tay		- 40		1,302
ax or	49 0	overpaid tax ava	ilable this year	Subtract line 48 fr	om fine 47	* * * * * * * * * * * * * * * * * * * *	== 40 ==	·	2 200
ax Due	50 T	ax due. If line 46	5 is less than tir	ne 37. subtract line	46 from line 37		# 45	·	1,302
Step 10									
•	See inst	Iructions	• 51		_ CA Breast Cancer Re	search Fund . •	56		
ontributions					_				
	Disorder	s Fund	• 52		CA Firefighters' Memo	ormathund ●	٥/		
					Emergency Food Assi	stance	P-0		
		. IS SOME CHILDEN	· · · · · · · · · · · · · · · · · · ·		Program Fund	• • • • • • • • • • • • • • • • • • • •	58		
	Rare and	Endangered Species	5 a E4		CA Peace Officer Men Foundation Fund	norial			
	1.10361-0	Mon Program	🗢 🏎		Foundation Fund	· · · · · · · · · · · •	59		
	State Chi	ildren's Trust Fund for	A EE		Lugus Foundation of A	merica,			
	State Chi the Preve	ildren's Trust Fund for ention of Child Abuse	● 5 5 _		Lupus Foundation of A California Chapters Fu	merica, nd , , , , ◆	60		
	the Preve	ention of Child Abuse	● 55 _						
	the Preve	ention of Child Abuse Id line 51 through		e are your total con	tributions				0.
tep 11	the Preve 64 Ad 65 RE	ention of Child Abuse Id line 51 through EFUND OR NO A	h line 60. These	e are your total con	tributions	····	● 64		
tep 11	64 Ad 65 RE FR	ention of Child Abuse Id line 51 through EFUND OR NO A PANCHISE TAX E	h line 60. These MOUNT DUE. S BOARD, PO BO	e are your total con Subtract line 64 from X 942840, SACRAI	tributions m line 49. Mail to: MENTO CA 94240-01	····	● 64		
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TAXABLE YEAR 2001

California Adjustments - Residents

SCHEDULE CA (540)

	portant: Attach this schedule directly behind Form 540, Side 2.					
Nam	ne(s) as shown on return		<u></u>		Social securi	ty number
	na B. Jaramillo		590-05-4184			
			Α			С
	rt I Income Adjustment Schedule tion A – Income		Federal Amounts (taxable amounts from your federal return)	Subtra See inst	ctions	Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	36,130.			
8		. 8				
9	Ordinary dividends	. 9				
10	the same of the sa	. 10			-	CARL COLUMN
11				STATE OF THE PERSON NAMED IN		V
12		12				1
13			-291.			<u> </u>
14						·
15		(b)				<u> </u>
16	Total pensions and annuities. See instructions . (a)	(b)				1
17						
18			2 520		2,530.	Mary Alexander of Thomas
19	Unemployment compensation. Enter the same amount in column A and column B				2,530.	
20	Social security benefits (a)	(a)				la de la companya de
21	Other income.			2		
	a California lottery winnings e NOL from FTB 3805D, b Disaster loss carryover from FTB 3805V, 3806, 3807, or 3809	21		b c	POLICE OF	OR WHAT STATE OF THE PARTY OF T
	D Disaster 1033 carryovar nomi i a doco.	21		d		d Marian Maria
	c Federal NOL (Form 1040, line 21) f Other (describe) d NOL carryover from FTB 3805V			٠ -		
•	a NOL carryover from PTB 38657			ř		The state of the s
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22	38,369.		2,530.	
Sect	tion B — Adjustments to Income					
23	IRA deduction	23			《大学的》	
24		25		A CONTRACTOR OF THE SECOND		
25 26	Moving expenses	26				No. of the last of
27		27		建 对数据	Mark Comme	
28	Self-employed health insurance deduction	28		多 中华	医 (单)结	
29	Keogh and self-employed SEP and SIMPLE plans	29		學院政治		以《新聞》 《紫佛林》
30	Penalty on early withdrawal of savings	30		不是是特		1987年 新世界 1986年 19
	a Alimony paid.			was freshing		
ŀ	b Recipient's: SSN	21.				
22	Last name Add line 23 through line 31a in columns A, B,	314		No. of Street,	West of Baltiman and Sales	
	and C	32			1	
33	Total. Subtract line 32 from line 22 in columns A, B, and C. See the instructions for how to transfer the total to Form 540	33	38,369.		2,530.	
Pari	t II Adjustments to Federal Itemized Deductions					
35	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040),	lines 4	, 9, 14, 18, 19, 26, and 27		35	2,084.
36	Enter total of federal Schedule A, line 5 (state and local income tax and State Disal	xility In	surance) and line 8 (foreign ta	ixes only) ,	36	2,084.
37	Subtract line 36 from line 35			• • • • • • • • • • • • •	3/	0.
38					38	
39	Specify Combine line 37 and line 38	,			39	0.
40	Is the amount on Form 540, line 13 more than the amount Is the am	rount y	ou entered on line 40 more t		7 -	
	shown below for your filling status? your star		leduction below?	60 000		
			rried filing separate	•	40	0.
	Married filing joint or qualifying widow(er) \$261,664 Married or qualifying widow(ex)	tiling fvina	joint, head of household widow(er)	a, \$5.920	T *** -	<u> </u>
	Head of household\$196,248 YES.	Tra	nsfer the amount on			
	NO. Transfer the amount on line 39 to line 40.	line	40 to Form 540, line 18	3.		
	YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 40.		er your standard deduct m 540, line 18.	ion on		